



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of

TOMITA et al.

Application Number: 09/923,340

Filed: August 8, 2001

For: THE LOGICAL VOLUME ADMINISTRATION
METHOD, THE SERVICE USING THE METHOD AND
THE MEMORY MEDIUM STORING THE SERVICE

Attorney Docket No. NITT.0024

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231

Art Unit 2142

Examiner
Shah, Kamini S.

LETTER TO DRAFTSPERSON

Sir:

In response to the requirements set forth in the Office Action mailed on October 18, 2004, Applicants are submitting drawings for Figs. 3-4 and 6-13, in which text is being added into the respective blocks, in connection with the above-captioned application.

Kindly direct any inquiries in connection with this matter to the undersigned at the below-listed address and telephone number.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344

Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Dr., Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
February 17, 2005



21424
in

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
TOMITA et al.) **Art Unit 2142**
Application Number: 09/923,340) **Examiner**
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COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	10	4	(Over 20)	x \$50	0
Independent Claims	3	1	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

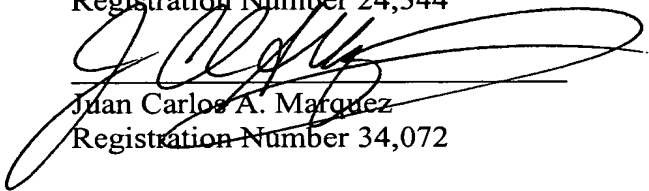
[x] Response to Office Action
(with claim amendments)
[] Preliminary Amendment
[] Other _____

[x] Petition for Extension of Time (1 month)
[] Information Disclosure Statement
[x] Letter to Draftsperson w/10 drawing pages
[] Petition under _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of \$ **120.00** to cover the 1-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



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